

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

See Instructions and *Privacy
Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME

Glen Thomas

SSAN OR EMPLOYEE NUMBER*

DEPARTMENT

Governor's Office

POSITION

Secretary

CB/ID NUMBER

DIVISION OR BUREAU

Office of the Secretary of Education

INDEX NUMBER

131

RESIDENCE ADDRESS *

1121 L Street #600

HEADQUARTERS ADDRESS

1121 L Street #600

TELEPHONE NUMBER

916-322-9204

CITY

Sacramento

STATE

CA

ZIP CODE

95814

CITY

Sacramento

STATE

CA

ZIP CODE

95814

1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
				(5) BREAK- FAST		O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES			AMOUNT
11	1600	Sacto/Sonora	90.00										90.00	
2	1500	Sonora/Sacto			10.00								10.00	
13	0430	Sacto/Ontario				3.58							3.58	
4		Ontario/Sacto		4.23						9.00			13.23	
11	1500	Sacto/San Francisco	208.08							53.00			261.08	
2	1400	San Francisco/Sacto		6.00						17.00			23.00	
9	0430	Sacto/Ontario/Sacto		6.00						9.00			15.00	
SUBTOTALS			298.08	16.23	10.00	3.58				88.00			415.89	